

millions. **CONCLUSIONS:** Hip and knee arthroplasties represents an important amount of investment for both public and private health care systems in Brazil. These are initial data to be used in future studies to determine the cost-effectiveness and budgetary impact of different therapies linked to this procedure in Brazil.

PMS65

BURDEN OF DISEASE OF OSTEOARTHRITIS IN RUSSIA: RESULTS FROM 2011 NATIONAL HEALTH AND WELLNESS SURVEY (NHWS)

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OBJECTIVES: Osteoarthritis is characterized by joint pain and mobility impairment associated with the gradual wearing of cartilage. Osteoarthritis poses a substantial and increasing burden on society as a result of impaired health-related quality of life and the socio-economic impact. In Russia, there are no solid estimates of the magnitude of the condition. This study is aimed to assess co-morbidity, quality of life (QOL), work/productivity loss, and medical resource utilization in Russian urban adults with osteoarthritis. **METHODS:** Patients' self-reported data were collected from 2011 National Health and Wellness Survey (NHWS). Survey samples represented major urban areas in Russia. QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short Form-12 (SF-12). Loss of work productivity was measured by the Work Productivity and Activity Impairment instrument. Medical resource utilization was measured by health care provider, ambulance request and hospitalization in the past 6 months. **RESULTS:** Of the 10,039 adult respondents, 733 (7.3%) were diagnosed with osteoporosis (2.2% not diagnosed with osteoarthritis and 88.1% have not experienced arthritis at all). Average age of patients diagnosed with osteoarthritis was 54.1 years. Diagnosed osteoarthritis group reported more co-morbidities (sleep difficulties 51%, high blood pressure 46%, pain 44%, insomnia 37%, arrhythmia 30%, high cholesterol 21%), lower mean scores of PCS (40.4 vs.47.3) and similar MCS (43.3 vs.43.8). More patients visited health care providers (83% vs.70%), and a higher percentage were hospitalized (17% vs. 9%) over the past 6 months compared to those not experiencing arthritis. Furthermore, osteoarthritis group reported 37.6% impairment in daily activity compared to 25.3% of those not experiencing arthritis. All mentioned differences were statistically significant ($p < 0.05$). **CONCLUSIONS:** From Russian NHWS results, patients diagnosed with osteoarthritis suffer from impairment in QOL, work/productivity loss and more co-morbidities. Findings indicate there is still an unmet medical need in Russian osteoarthritis patients.

PMS66

PAYER COVERAGE ANALYSIS OF CHONDROITIN SULFATE WITH GLUCOSAMINE FOR OSTEOARTHRITIS IN THE UNITED STATES

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OBJECTIVES: American patient consumers spend in excess of \$1B annually on drugs to treat Arthritis. Osteoarthritis is a condition that can lead to Rheumatoid Arthritis. This study looks at how public and private payers in the United States might cover the use of Chondroitin Sulfate with Glucosamine for treating Osteoarthritis. **METHODS:** Published coverage policies for products used to treat Osteoarthritis (OA) were gathered and analysed, along with primary data developed through payer interviews. Interviewees selected included pharmacy directors at private payers and those who administered Medicare Part D plans (N=3). **RESULTS:** Findings show that payers would provide coverage of chondroitin sulfate with glucosamine for Osteoarthritis if: a) The cost were less than \$100/month; b) The Centers for Medicare and Medicaid Services (CMS) provides coverage; c) Data demonstrated improved outcomes over treatments like omega-3-acid ethyl esters and niacin tablet, film-coated extended-release. Payers also indicated that they would afford chondroitin sulfate with glucosamine with Tier 2 formulary status, similar to that of omega-3-acid ethyl esters and niacin tablet, film-coated extended-release. **CONCLUSIONS:** Based on our research, we believe US Medicare Part D plans and private payers would cover chondroitin sulfate and chondroitin sulfate with glucosamine products provided there is clinical data demonstrating its efficacy in OA patients, and assuming that CMS would approve this product as an exception to its coverage policy for nutritional supplements. All payers expressed that currently there are limited or no treatment options for OA patients, implying that a product that shows some statistically significant benefit will be covered and reimbursed by them. If clinical data shows efficacy in some or all OA patients, we believe the market could provide for a significant price premium as compared to current OTC products.

PMS67

FREQUENCY OF OUTPATIENT PHYSIOTHERAPY SERVICES IN TRAUMA DISEASES IN HUNGARY

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OBJECTIVES: The aim of our study is to assess the amount, frequency, and the health insurance expenses related to trauma diseases within out-patient care. **METHODS:** The data come from the financial data base of the National Health Insurance Fund Administration (in Hungarian: OEP) involving the year of 2009. The health procedure activity list was provided by the rulebook on the application of the activity code list in out-patient care. The trauma syndromes

were reported in diagnosis code S00-S99. **RESULTS:** Trauma injuries account for 3471657 cases in the annual number of the physiotherapy-related activities (32318413 cases) showing an approximately 10.5% prevalence. The 20 most frequent treatments accounts for 86.3 % (2997907) of total services. The following top-10 medical procedure were responsible for 68.14% (2365569) of total activities: individual training (10.95 %), muscle strengthening exercise (9.0 %), stretching of contractura (8.13), mobilization of joints (7.24 %), exercises against resistance (7.02 %), training for circulation improvement (6.4 %), exercise to prevention of cardiovascular complications (6.05%), passive movement of physical landscape (4.94%), gymnastics (4.22%). Parts of the body per individual physiotherapy (4.17). Physiotherapy out-patient care for trauma patients were 3.4 million cases with 901 million Hungarian Forint (3,2 million Euro) health insurance subsidy. **CONCLUSIONS:** The 20 most commonly used activities out of 151 with 86,3% incidence shows a varied content. The list of the 20 most frequent types of services reflects to the demand for the combination of active and passive exercises, providing an active, functional training for injured patients.

PMS68

AGE AND GENDER DISTRIBUTION OF OUTPATIENT CARE PHYSIOTHERAPY SERVICES FOR TRAUMATIC INJURIES IN HUNGARY

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OBJECTIVES: The aim of our study is to assess the utilization of out-patient care physiotherapy services related to trauma diseases according to age and gender. **METHODS:** The data come from the financial data base of the National Health Insurance Fund Administration (in Hungarian: OEP) involving the year of 2009. The OENO activity list was provided by the rulebook on the application of the activity code list in out-patient care. The trauma syndromes were reported according to WHO ICD diagnosis code S00-S99. We analyzed the medical procedures according to the Hungarian versions of the WHO "International Classification of Procedures in Medicine". We analyzed the utilization of physiotherapy services according to age and gender. **RESULTS:** Trauma injuries account for 3471657 cases within the annual number of the physiotherapy-related activities (32318413 cases) showing an approximately 10.5% prevalence. Increasing with age, the number physiotherapy procedures per 10000 population is on the rise with a national mean value of 3386. There is no significant difference between the mean values in both genders (females=3272, males=3349). The highest number of physiotherapy treatment is provided for the men patients in the age group 55 to 59 (4525) followed by age groups of 35 to 45 with 4225 and 4272 cases. The oldest women age group show the highest value in this gender (7664), followed by age groups of 75 to 85 with 6057 and 6041 cases per 10000. The number of injury-related cases are higher in men until 49 years of age, but over 50 years of age is higher for women. **CONCLUSIONS:** In case of the traumatic injuries, the highest demand of the outpatient care physiotherapy services occurred older injured patients. The claim indicators were significantly higher for men and women over 50 years of age.

PMS69

DISTRIBUTION OUTPATIENT PHYSIOTHERAPY SERVICES IN THE DIFFERENT TRAUMA DISEASES ACCORDING TO MAJOR BODY PARTS IN HUNGARY

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OBJECTIVES: The aim of our study is to assess amount and frequency of the physiotherapy services in the different regions of trauma diseases within out-patient care. **METHODS:** The data come from the financial data base of the National Health Insurance Fund Administration (in Hungarian: OEP) involving the year of 2009. The OENO activity list was provided by the rulebook on the application of the activity code list in out-patient care. The trauma syndromes were reported according to WHO ICD diagnosis code S00-S99. We analyzed the medical procedures according to the Hungarian versions of the WHO "International Classification of Procedures in Medicine". The distribution of physiotherapy procedures were calculated according to major body parts. **RESULTS:** The total number of the 151 different types WHO-classified physiotherapy procedures was 32318413 in the year of 2009; and 3471657 (10.5%) of them related to trauma care with the ICD code group S00-S99. The amount and frequency of the physiotherapy services are in the 10 different trauma regions are the following: injuries of the head 57 615 (1.66%), neck 27683 (0.80%), thorax 67720 (1.95%), abdomen, lower back, lumbar spine and pelvis 73857 (2.13%), shoulder and upper arm 697896 (20.10%), elbow and forearm 656537 (18.91%), wrist and hand 466360 (13.43%), hip and thigh 353260 (10.18%), knee and lower leg 794326 (22.88%), ankle and foot 276403 (7.96%). **CONCLUSIONS:** The annual number of extremity injuries is the highest, while that of the torso, neck and head injuries is the smallest. Most cases treated in the region of the knee and leg, followed by the region of the upper extremity. In case of capacity planning for diagnostic and therapeutic procedures, these findings should be considered.

PMS70

USE OF BIOLOGIC AGENTS IN THE TREATMENT OF RHEUMATOID ARTHRITIS: AN ANALYSIS OF THE QUEBEC PROVINCIAL DRUG REIMBURSEMENT PROGRAM DATABASE

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